

| No. <b>C 127748</b>  |                      | <b>Due no later than Mar 31, 2009</b><br><b>Annual Report Form</b>   |           | 2. Registered Agent and Address ( <b>NO PO BOX</b> )                        |         |  |  |
|--|----------------------|--|-----------|---|---------|--|--|
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>UNITED STATES SURGICAL CORPORATION<br>15 HAMPSHIRE STREET<br>MANSFIELD MA 02048 |           | CT CORPORATION SYSTEM<br>1111 W JEFFERSON STE 530<br>BOISE ID 83702-<br>USA |         |  |  |
|  |                      |  |           |   |         | 3. <u>New</u> Registered Agent Signature:* |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).  |                      |  |           |   |         |  |  |
| Office Held  | Name                 | Street or PO Address   | City      | State   | Country | Postal Code                                |  |
| PRESIDENT  | RICHARD J. MEELIA    | 15 HAMPSHIRE STREET  | MANSFIELD | MA  | USA     | 02048                                      |  |
| SECRETARY  | JOHN W. KAPPLES      | 15 HAMPSHIRE STREET  | MANSFIELD | MA  | USA     | 02048                                      |  |
| TREASURER  | KEVIN G. DASILVA     | 15 HAMPSHIRE STREET  | MANSFIELD | MA  | USA     | 02048                                      |  |
| DIRECTOR   | KEVIN G. DASILVA     | 15 HAMPSHIRE STREET  | MANSFIELD | MA  | USA     | 02048                                      |  |
| DIRECTOR   | JOHN W. KAPPLES      | 15 HAMPSHIRE STREET  | MANSFIELD | MA  | USA     | 02048                                      |  |
| DIRECTOR   | MATTHEW J. NICOLELLA | 15 HAMPSHIRE STREET  | MANSFIELD | MA  | USA     | 02048                                      |  |
| 5. Organized Under the Laws of:<br><br><b>DE</b><br><b>C 127748</b>  |                      | 6. Annual Report must be signed.*<br><br>Signature: Jane Louis<br>Name (type or print): Jane Louis   |           |   |         |  |  |
|  |                      | Date: 02/10/2009<br>Title: Poa   |           |   |         |  |  |
| Processed 02/10/2009   |                      | * Electronically provided signatures are accepted as original signatures.  |           |   |         |  |  |